Central Park Facility Use Application/Permit



OFFICE USE ONLY			
Received by Date: Time: Permit #:			

Teen Center Teen Center – Meeting Room C Fremont Community Center Kitchen	☐ Teen Center – Scr	- Screening Room 🗆 Pavilion 🗆	
Visitor Center Conference Room □	Performance Pav		
Type of event:			
Use: Day and DateAM PM End time:	Number of People:		
	AM 🗖 PM 🗖		
Will there be amplified music?		Yes No D	
Will money exchange hands at event (donation, solic	citation, collection, etc.)?	Yes U No U	
If yes, explain:	or vour ovent?	Vac D. Na D	
Will signs or decorations be placed on City property for If yes, explain:	or your evenie	Yes 🗖 No 🗖	
Will other services be provided (caterer, performer, ju	mp house etc.)?	Yes No	
If yes, list company/contractor names:		103 🗷 110 🗷	
Will the public be invited to your event?		Yes 🔲 No 🔲	
Will this event be advertised? Web Site ☐ Radio	\Box Flyers \Box Other \Box		
The trib common day of the common and the common day of the common	<u> </u>		
Will alcohol be served? Yes □ No □			
I am requesting to serve alcohol from am/pm	to am/pm. (4 HC	OUR TIME LIMIT)	
I understand that I must provide adult supervision to preven			
	Champagne		
Describe serving method (cans, bottles, etc.)	. •		
I will not charge or solicit donations for admission to the ev	ent including the provision of	glcohol	
will find cridings of John actions for admission to life cv	em, mereamy me provision or	alconol.	
I and/or my organization expressly certify that I and/or m	v oraanization will be respons	ible for any damage or	
loss sustained to the grounds, building, furnishings or equip			
and/or my organization's occupancy of the facility.	-		
Name:	Organization:		
Address/City/State/Zip:			
Llawa Mark Dhara - #r	Call Diagram #.		
Home/Work Phone #:			
E-mail address:	_Fax #:		
nature:Today's date:			
Client class: I II III IV V VI Approved	d 🗖 Disapproved 🗖		
Amount(s) paid: Fee(s) Deposit(s)_	Total		
Charge □ Check □ # Cash □		<u>-</u>	
Remarks			
Permit processed by: Date processed:_			